

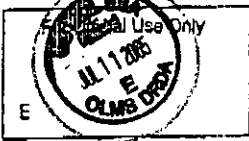
U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

AMENDED COPY
JUNE 30, 2005

1. File Number U- 2398	2. Fiscal Year Covered From: 1 / 1 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name GEORGE L. HARTWELL P.O. Box, Bldg., Room No., if any P.O. BOX 2878 Street 816 CAMARILLO SPRINGS ROAD #H City CAMARILLO State CALIFORNIA ZIP Code + 4 93011	4. Name, file number, and address of labor organization. Name UNITED FOOD & COMMERCIAL WORKERS UNION LOCAL 1036 Labor Organization File Number 007-779 P.O. Box, Building and Room Number, if any P.O. BOX 2878 Street 816 CAMARILLO SPRINGS ROAD, #H City CAMARILLO State CALIFORNIA ZIP Code + 4 93011
5. Position in labor organization. PRESIDENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

George L. Hartwell

On

6-30-05
Date

805

383-3300

Telephone Number

Name of Person Filing <u>George J. Hartwell</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: a. Labor Organization <input checked="" type="checkbox"/> b. Trust c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name UNITED FOOD & COMMERCIAL WORKERS UNION & FOOD EMPLOYERS JOINT TRUST FUNDS Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any P.O. BOX 6010 Street 6425 KATELA AVENUE City CYPRESS State CALIFORNIA ZIP Code + 4 90630-0010	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. REIMBURSEMENT OF EXPENSES FOR ATTENDING THE INTERNATIONAL FOUNDATION EDUCATIONAL CONFERENCE CONFERENCE 11-29-04 TO 12-4-04 12.b. Amount. \$3,135.74
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. 14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.